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ABSTRACT

This paper discusses the importance of teaching social skills to children with Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effect (FAE) and the interrelationship between social skills and academic improvement. Goals and techniques for teaching social skills are identified, including: (1) improving the skill of compliance by setting reasonable expectations, establishing clear expectations using visual and other cues in addition to oral instruction, expressing expectations in positive terms, using role play and other techniques to let affected children foresee possible future situations and practice how to handle such events, rehearsing and announcing transitions, seating the affected child with role models, reducing opportunities for impulsive behavior, reducing competition, preparing alternative tasks for students, limiting the number of choices, allowing talking time at regular intervals each day, changing rewards frequently, and using "Serenity Lane"; (2) improving the skill of emotional/impulse control by teaching relaxation techniques, teaching anger management, using restitution as a classroom management strategy, teaching and rehearsing negotiation strategies, intervening before things get out of hand, and anticipating problems; and (3) improving self-esteem and raising status among peers. Goals and techniques to use to improve academic progress are also listed. (Contains 11 references.) (CR)

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EFFECTIVE TEACHING FOR FAS & FAE CHILDREN

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INTRODUCTION

The first and most important goal in working with Fetal Alcohol children is social. Until children diagnosed with Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effect (FAE) have some consistent, practical and satisfying interpersonal relationships, their academic progress will be blocked. This is sometimes hard for parents and educators to accept, because, so often, academic skills are the primary touchstone of progress. However, for FAS/FAE children, it is vitally important to recognize the interrelationship between social skills and academic improvement. Progress in compliance and emotional/impulse control are critical precursors to academic achievement, as well as necessary companions to establishing social relations with peers and adults. This is a group process. The learning approach for FAS/FAE children is almost never a one-person, child-centered strategy. Success is affected by whole classrooms and whole families.

While the difficulties experienced by FAS/FAE children may predominate in your mind, please remember that each affected child has many strengths and special abilities. Some are obvious and others are hidden under the layers of behavioral patterns which you can reshape and remold to enhance the child's learning experience. As you would with any student, anchor the child in his/her strengths. This means you must focus your attention and the attention of the affected child and the other students on the positive contributions made by each FAS/FAE child. The other children in the classroom will be influenced by your behavior and support. If you make it clear that you are glad for the presence of every child, the other students will follow your lead. The opposite is also true, with unhappy results.

GOALS AND TECHNIQUES FOR SOCIAL SKILLS IMPROVEMENT

A. *Improving the Skill of Compliance:*

1. Set expectations that are reasonable for the affected child. Change the rules to fit the child, not the child to fit the rules. Otherwise, a situation arises in which the child can not help but fail to comply, and you will be compelled to spend your energy correcting and trying to force compliance. In such situations the child will continually fail, and all the other children in the classroom will be constantly reminded that the affected child is noncompliant (a rule-breaker).

2. Expectations must be clearly established on a step-by-step basis. Visual (pictures, not words) and other cues in plain sight are important additions to oral instructions.

3. Expectations must be expressed in positive terms. Tell the affected child what you want him/her to do or what you want something to look like. Do NOT tell the child what he/she should not do or what you don't want it to look like. Draw pictures of correct models, not incorrect ones.

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4. Have time-tags/reminders/egg timer/alarms/etc. available and use them. Children with these learning problems do not relate well to time. They do not sense it passing as other children do. Therefore, affected children do not speed up as time runs out or otherwise manage time well. They need to be reminded continually that time is going by.

5. Use role play and other techniques to let affected children foresee possible future situations and practice how to handle such events. Make the scenarios real. Be sure to vary the conditions, since it is often difficult for affected children to generalize from one situation to another. For example, don't just say "we need to respect each other." Demonstrate what respect looks like and what it sounds like. (Use "Looks Like. Sounds Like").

6. Rehearse and announce transitions.

7. Do not seat the affected child alone. Put him/her between two good role models.

8. Put tape around the desk of an affected child to help maintain his/her personal space and to help him/her understand the idea of accepted and expected boundaries.

9. Reduce opportunities for impulsive behavior. For instance, don't do too much questioning with volunteering of answers, or look around for hands being raised. Instead, use techniques such as popsicle sticks, or request answers from particular students. Have respectful visual cues (e.g., thumbs up) that can be given to affected students when they start to get carried away.

10. Reduce competition. Emphasize cooperation.

11. Always be prepared with alternative tasks for students. If an FAS/FAE student is having a bad day and can not do regular work, be prepared with ways he/she can remain in the classroom and participate without jeopardizing compliance.

12. Limit the number of choices (1 or 2 only) given to an affected student.

13. Allow "talking time" at regular intervals each day. For example, 5-15 minutes to talk about non-school related items. Often affected children have a strong need to talk about what has happened to them, and they will keep trying all day. Let them get it out so they can relax and concentrate on other matters.

14. Change rewards frequently. Find out what the child likes. Consult his/her parents.

15. Use Serenity Lane, in a structured manner. See diagram on last page.

16. For affected children, the rule should be: Begin your work; stay with it for ___ minutes (depending on child's tolerance); then go to Serenity Lane (or alternate release technique); then return to your seat and continue your work.

B. *Improving the Skill of Emotional Impulse Control*:

1. Teach relaxation techniques

2. Teach anger management.

3. Use restitution as a classroom management strategy.

4. Teach and rehearse negotiation strategies.

5. Remember that affected children often live "waiting for the other shoe to drop," that is, knowing it is only a matter of time before they make a mistake. As a result, they are continually under stress, so may have a tendency to overreact.

6. Use soothing stones, nerf balls.

7. Remember recess is a particularly dangerous time. Have additional support and supervision available and a safe haven where children can remove themselves if need be.

8. If a child is having a "bad day," help her/him stay out of situations which might aggravate the problem.

9. Try to intervene before things get out of hand. If a child is getting restless or starts to encroach on another's space, intercede with a reminder. Don't wait for an altercation to begin.

10. Plan ahead; anticipate problems; and ahead of time discuss with the child those intervention strategies you will use together.

11. Establish a policy with the child, so that she/he will tell you when they are having difficulties. Then, be sure to listen.

12. When a child makes an error, give alternative strategies. Do not spend time reasoning and asking questions such as: "Why did you do that?"

13. Never take away recess. Instead, if necessary, redefine the time toward some other freemoving activity or provide some additional supervision.

14. Home-school planning works best when these policies are adopted and used in all locations.

C. *Improving Self-esteem and Raising Status among Peers*:

1. Remember that children have a much more difficult time accepting noncompliance than adults do. They do not like rule-breaking and reject children who engage in such activity or are otherwise noncompliant. Because compliance is so hard for affected children, helping children to improve these skills is one of the best things you can do for them.

2. Give an affected child responsible jobs and positive feedback in front of other children.

3. When faced with confrontations, adopt a "support the victim" strategy, rather than a "blame the perpetrator" approach.

4. When other children express concern that they think special needs students are treated better or receive special consideration, do not dismiss this idea. It is a valid feeling and should be discussed openly. Without discussion or with denial, these feelings do not recede, but merely go underground, creating resentments against special needs children. One alternative is to permit, non-affected children to use the same special strategies, such as earphones, Serenity Lane, or taped-off desk areas, if they feel the need. Many non-affected children will use these strategies for a short period of time and then lose interest if they do not need them. The problem arises when non-affected children are told "No. This is only for Jason/Jennifer." This response is viewed as unfair and leads to resentment.

5. Discuss specifically what friends do and what trust is. ("Looks Like, Sounds Like")

6. Help affected children learn to play. You may be surprised to find that they may not know how, or how to do so with others in a manner in which they are accepted.

7. Use focused praise.

8. Build a community in your classroom. Try not to use "time out" in another room for affected children except in emergencies, or for very short periods in a crisis resolution situation. The policy should be that we are a community, we will all accept each other, and we will learn to deal with each other in good times and bad. Affected children should have the security of knowing they will not be "thrown out," either in the sense of being physically removed from the support of their classroom community, or in the emotional/psychological sense of being "written off." Removal creates the model for other non-affected children that it is acceptable to ostracize someone.

9. If a "time out" is used in cases of emergency, it should be within a "quiet area" or conference room in your classroom. An area that is also used, and perceived by other children as appropriate, for regular school-related activities. Many special needs children have learned to define "time out" as punishment. It may be neutral to adults, but may not be viewed similarly by children.

10. Affected children need much help in attending to social cues, being aware of other people's verbal and nonverbal reactions, and in interpreting their meaning. Parents can help in this area by taking their children to places like Malls where they can play games such as: "I wonder what that person is thinking about?" "Do you think that man was having trouble deciding what he wanted?" "How would you tell?"

GOALS AND TECHNIQUES FOR ACADEMIC PROGRESS

A. Goals

1. Improve attending behavior.
2. Improve skill of task completion.
3. Help sort out important ideas from unimportant ones which reduces confusion.
4. Improve skill of memory aids/recall.
5. Encourage persistence, see the relationship between effort and achievement.
6. Develop skills of organization and order.

B. Techniques:

1. Never use just one instructional strategy, and especially emphasize visual and kinesthetic learning methods. These children are often good kinesthetic learners.

2. Use attention games and focus on games which involve noticing detail.

3. Underline important concepts, processing signs, etc. Use Highlighters.

4. Use pointers, sticks, fingers to follow along when reading.

5. Put yellow sticky notes in textbooks. Indicate where a child is to start, where to finish, and what problems to do, when it is a student's turn to read. Give assignments on half pieces of

paper or leave a lot of white space between problems, etc. This lessens visual distractions and does not appear so overwhelming.

6. Do not give multiple choice or other selected response tests. This approach may encourage impulsive guessing.

7. Emphasize the importance of reading ALL directions and thinking for a few minutes before beginning any work. This also helps an affected child master impulsivity and the urge to just finish as fast as possible.

8. Allow children to use tools such as a word processor, spellcheck, calculator, and/or digital watch to help them compensate.

9. Use checklists. Mark off each step as you finish it (especially good for math problems).

10. Develop alternative assessment tools. Be an advocate for your students when it is time for standardized tests. Ask for them to be allowed to get up every 15 minutes or so and move around. Have them take the test in special, quiet, low-stimulus environment without fluorescent lights. Use headphones, etc., to reduce noise and distractions.

11. Let children wear headphones and listen to "elevator" or "bird-chirp" music (no music with a beat) when trying to concentrate.

12. If an affected student is having trouble with "words moving around on the page" or "words falling off the page," try color transparencies set over the page. Blue and green are the preferred colors, but let child try several different colors and select the one that is most visually comfortable.

13. Use charts - lots of charts.

14. Establish a reliable routine. For example, assign homework always on certain days of the week and due the following day.

15. An affected child may need decompression time after school, so that it may be better to wait before beginning homework for several hours after school.

16. Give directions succinctly. Have students repeat directions back to you.

17. For secondary students, give one assignment at a time, not an entire semester at once. Set up calendar time-lines; building back from due dates; marking exactly when all pieces of a project must be completed; and designing a checklist to record each part of the assignment as it is completed.

18. Make sure the child finishes his/her work even if it means doing fewer assignments. Starting many things and never finishing any of them has become a pattern for many affected children and is a very hard habit to change.

SPECIAL CONSIDERATIONS

1. FAS/FAE children overstimulate very quickly and may work better one-on-one rather than in groups of 4 or 5.

2. The environment and routine must be totally reliable and unchanging. If change is going to occur or the routine be interrupted, you must prepare an affected child by walking through the whole routine before the change occurs and again after it happens.

3. Affected children often have short term memory dysfunction. They do not remember what just happened or what they just did. As a consequence, they go through life constantly having people angry or upset with them, and they don't know why. They also do not respond well to consequence strategies, since they don't remember or connect up the cause with the effect. Their learning must be habituated. You teach to their long-term memory which means RETEACH, repeatedly.

4. Just because the child can repeat a rule or direction to you does not mean he/she understands it. Often the child will respond correctly when asked "What is the rule?" and then will turn right around and break it again. They are repeating the words, but they do not know what they mean (or how the principle applies) in an actual situation.

5. Tactile items such as bowls of beans or rice, shaving cream or whipped cream, soothing stones, and nerfs, are very effective for calming. "Cocooning" may also be very soothing. Have a blanket, sleeping bag, bean bag chair etc. available for wrapping up in.

6. Affected children need supervision in interactions with others. Watch out for other children manipulating them. Affected children do not have good judgment and can not tell when someone is teasing them, is not their friend, or does not have their best interests in mind. They will also engage in copycat behavior. Plan for these things to happen and rehearse strategies beforehand.

7. Use every compensator available.

8. If an affected child loses control, stay close to the student, maintain eye contact (if culturally appropriate, if not sit in front of or to the side of), and hold child's hand and rub it while singing or talking quietly.

9. Reinforcement has to be immediate and social reinforcers are the best.

10. Focus on life skills and real-life problems.

11. Affected children have difficulty recognizing boundaries and will need a lot of help with this. They may have very strong feelings about their own space and get upset if it is violated. However, they may not be able to generalize this idea to their own violations of others' space.

12. Affected children need additional supervision, especially on the playground, since they are prone to get into high-risk situations and take dangerous chances.

13. Affected children may have some occasions of perseverance. This may be the repetition of motor activities or certain speech or phrases. The need to continue these movements is very strong, and the child may push you out of the way in order to continue. If possible, insert yourself between the persevering child and other children so that the focus is on you. Then initiate a rhymed song and movement (e.g., "Patty Cake"). Take the child's hands and make the movements together. Focus on the child and sing. You may also try dance steps to a song or some other repetitive large motor-singing motions. Repeat for 3-4 minutes then gradually stop. This often "kicks the needle out of the groove." If this type of activity does not work, you will have to wait it out. Make sure the child is in a safe location. Try to get some privacy. Then, stay close, but at least step away if you safely can, until the behavior stops. Allow the child to rest, listen to a story or some soft music on headphones, give a handful or raisins and gradually reintroduce child to the group. If the behavior the child is doing is not safe, stand behind the

child, put your arms around him/her from the back and rock the child back and forth, singing or humming until his/her urge to pull away stops.

14. When a child has stressed out from too much stimulation, encourage withdrawal to a quiet area in your room. This area should have nothing in it but a blanket or sleeping bag. The child should use these to "cocoon" and shut out all stimulation. Then, withdraw and let the child rest. When you see the child has relaxed and seems calm, introduce yourself into his/her awareness a little at a time. First, just sit close (don't touch or talk). Then touch child's hand (don't talk). Then talk quietly and only a few words. Talk a little more, have child remove blanket a little at a time and slowly reenter the room.

CLOSING

I hope this information is helpful. Please remember that it is not a recipe. It is a collection of the ideas and experiences of many people: educators, counselors, parents, and caregivers. At any given time, a strategy suggested here may not be effective. If you keep the general principles in mind, think about what your long term goals are, and react with calm, compassion and patience, you will be doing the right thing.

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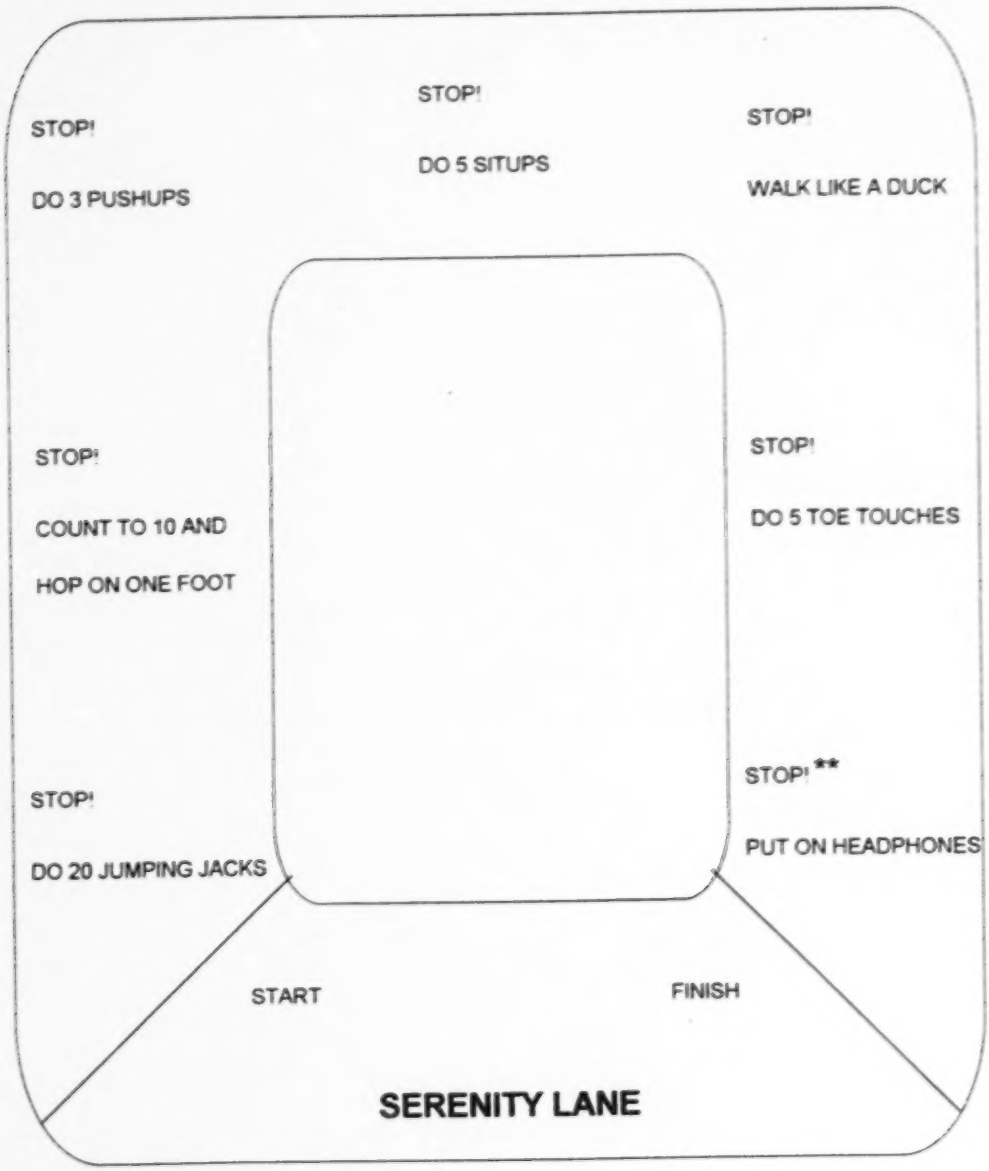
My colleague Patty Zack and her son Leland; the staff and clients of Riel House, Yakima, WA; and, the many parents, teachers and children who have taught me.



**Tape Player with Headphones. The tape should contain a visual trip to a fantasy situation, about 3 - 5 minutes long. End the tape with these instructions: "Look at teacher. Look at your desk. Think about what you were doing at your desk. Take off the headphones. Go directly to your seat and return to work."
(Change the visualization weekly)